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Remarks on the Use of Indigenous Plants.—Podophyllum and Dracontium. By E. A. HEINTZELMAN, M.D.

I HERE present to the profession a few remarks on a very important subject, viz: the investigation of our indigenous plants. My object is merely to lay before the intelligent reader the result of my experience in the use of some of them, and to state the conclusions I have drawn therefrom. If these conclusions should not coincide with the opinions of others, the labor spent in my investigations has afforded useful instruction to myself: and if the perusal of them will prompt others to study this important subject, the object which I have in view will be completely obtained. The numerous indigenous plants of our country, which are applicable to medical use, and capable of cultivation among us, behoves every American practitioner to study their qualities, with a view of ascertaining their remedial powers. If we turn to the pages of the *Materia Medica*, we will find many of our indigenous plants wholly neglected, whilst foreign articles of similar virtues are highly lauded in the treatment of disease. From numerous experiments, I am inclined to believe there are many plants growing in our soil applicable to the diseases with which we are visited; but which, for want of proper investigation, have been allowed to pass by unnoticed, or set down in books as useless. This negligence, on the part of the country practitioner, is attributable, no doubt, to the facility with which the foreign articles can be procured. Among the indigenous plants to which my attention has been

devoted, there seems to be none more worthy of notice than the Podophyllum, or May-apple, and Dracontium, or Skunk Cabbage. I have used the root of the May-apple in my practice for the two past years, in numerous cases requiring a brisk cathartic, and in hepatic congestion, with very happy effect; and have also used it as a hydragogue cathartic, and consider it as efficacious as Jalap and other foreign articles which are classed under that head. I see it mentioned in the U. S. Dispensatory, that in small and divided doses, it is supposed to reduce the frequency of the pulse—an effect which I have never been able to *obtain*, although I have repeatedly administered it in small and repeated doses, with a view of testing its power in this particular, and have always been disappointed; but, from some experiments with the leaves (which are supposed to be poisonous) I have good reason to believe *them* to contain sedative properties, and to act as poison in the same way as Belladonna, Stramonium or other narcotic plants.

The second article which I have made the subject of my investigations is the Dracontium Fœtidum. This grows abundantly in swamps, and other low, wet places. Throughout our State, its flowers appear about April, and in lower latitudes, much earlier; all parts of it have a disagreeable odour, which resembles that of Mephitis Americana, or common Skunk, from which circumstance it has received its name. The root is the part which I have used in my practice, and it should be gathered in autumn, or early in spring, and dried with great care. The root as found in our shops, is generally of an inferior quality, owing to long keeping, from the slight demand for the article.

I used this plant in an epidemic pertussis, which prevailed in my neighborhood during the winter of 1850, with unequivocal benefit: in cases of a purely spasmodic character, and after depletion, in cases attended with inflammatory symptoms, and where it failed of entirely eradicating the disease, it almost always mitigated the severity of the symptoms. I have

also used it in phthisis pulmonalis, and consider it a remedy of undoubted efficacy. I have used it in the diseases above mentioned in the form of syrup; but as its virtues are supposed to be impaired by the application of heat, I have prepared an infusion by displacement, in the proportion of one oz. of the root, to a pint of water, adding sugar sufficient to bring it to the proper consistency; and giving it in doses of from a half teaspoonful to a tablespoonful, according to the age of the patient; judging from its mode of operation in the cases which I have used, I am fully satisfied that it contains expectorant and antispasmodic properties to a high degree. From my observing the effect of this remedy in pertussis and phthisis pulmonalis, I was induced to expect advantage from it in asthma. I might here, perhaps, be charged with empiricism, but I beg leave to state that it was not from the effect alone, being ignorant of the cause, that induced me to use it, but from its expectorant and antispasmodic properties. I administered it in one case of dry asthma with very gratifying effect, and have good reason to believe that if it was fairly tested, it would stand as high in the estimation of the profession as some foreign drugs which are so highly esteemed in treatment of pulmonary complaints. There are several other of our indigenous herbs which I have made the subject of my investigations, but for want of sufficient opportunities for testing their virtues, have been obliged to omit them. I would state, in conclusion, that in neglecting to investigate the medical properties of our indigenous plants, we are overlooking a subject of vast importance to the profession, and one which, if cultivated, would most undoubtedly promote both the interests of science as well as our political, or rather, commercial independence.

COLUMBUS, July 14, 1851.

A Monstrosity. By S. BIRDSSELL, M. D.

MR. EDITOR: Thinking that it would not be uninteresting to your readers to see the report of monstrosities, even if there is no practical advantage attending it, I would state that on yesterday morning, the 13th inst., I attended Mrs. L., of this place, in her third labor, and in about an hour she was delivered of an acephalous monster.

I was unable to examine the child anatomically, but, in place of the skull, there existed a tender and highly vascular membrane, under the centre of which there appeared to be a mass of doughy consistence, about the size of a hulled walnut, along the centre of which I could see the groove which appeared to separate the two rudimental hemispheres. The face was smaller than natural, and the features, except the mouth, deformed. The trunk and limbs were perfect and well developed, the whole, I would suppose, weighing 9 or 10 lbs.

The child died this evening, having lived nearly 48 hours after birth. It exhibited convulsive movements when any article of clothing irritated the scalp.

CAMDEN, June 14th, 1851.

Medical Reform. By JAMES H. STUART, M. D.

"But yesterday, and *physic* might have stood against the world; now, none so poor to do her reverence." Our profession is rapidly declining in respectability. This is a very bold proposition, but, unfortunately, so self-evidently true, that there is no risk of its being disputed. We make great boasts of the vast discoveries annually made in the *scientia medicinæ*, of the talent and learning enlisted in its behalf, of the wealth expended upon it, and of its great usefulness to

suffering humanity, and all is true; yet the stigma still remains. Year after year we hear more and more of suits for malpractice, more instances of gross ignorance in medical men, more carping at the writing of prescriptions in Latin. We can almost see a sneer of contempt when the profession is named. Why is this? Is it because of the prevalence of quackery? Is it because Thompsonianism, homœopathy, *et id genus innumerable* of quack systems have arisen and pinned themselves to the skirts of medicine? No. For, though with the uneducated vulgar, such association would bring us into disrepute, the intelligent man would distinguish and draw the line of demarkation. The evil rests with ourselves. We are accountable for it. Can it be wondered at that men will despise a profession containing individuals who, as in a recent case published in the papers, write *oleum ricini oleum resinii*, and *have* done so for twenty years? Oh, time-honored ignorance, what hast thou and thy coadjutor—impudence—not done for thy votaries? No wonder the laity call for a reform, and because they cannot hope to strike the root of the evil, suggest the milder one of writing prescriptions in English, thus *practically* saying to us, "You are ignorant asses; we cannot trust you to meddle with a learned language, and will, at all events, take pains that your ignorance is not fatal to us." This is painful, but it is true. There certainly are many in the profession, regularly furnished with their *diplomas* (as one of them termed it), who not only are unable to write a Latin prescription, but would be sorely puzzled to get through an English sentence without the most amusing natural phonography. Hundreds crowd every year to our medical schools who are destitute of the rudiments of a common school education, and duly emerge in the spring with moustache and parchment, lancets and tight-boots. As Burns says—

"They gang in stirks and come out asses."

And, on their return, their fellow-townsmen open their eyes in astonishment that the lazy Tom, Dick, or Harry, has turned

out "a real doctor." Can we blame them that they do not place much confidence in medical men? Is it not the most common thing in the world to hear that some brainless whelp, for whom you entertain a perfect contempt, has commenced "studying medicine?" The profession is now far overstocked. Every little village contains three times the necessary number. At least, one-half now in it must be starved out, yet "the cry is still they come." They do come, and they come because they well know there is no such thing as failing in this profession. Medical colleges are springing up like mushrooms over the country, and if they cannot graduate at one, it is the easiest thing in the world to go to another and "be put through" there. It is almost enough to make one heart-sick to think of the companionship he is subjected to. To know that at any moment he may be called upon to recognize the *professional* equality of some ignoramus whom, in society, he would never think of noticing; to feel that you cannot travel in peace without hearing the low-looking fellow at your elbow styled "doctor" by some gaping ninny who is proud of the acquaintance of a "professional gentleman;" without seeing some "nice young man" in spectacles, mincing along with the gravity of an owl, and carrying under his arm the unmistakable red morocco pocket-case. Truly we will soon begin to envy the title of plain "Mr." as a distinguishing mark. And, withal, we have the ladies! They talk of "lovely subjects" and "charming dissections" with a *sang froid* and apparent pleasure that the greenest of first course students might well envy. But, alas! it is no jesting subject. Ignorance is fearfully rife among us. The evil would, in time, work its own remedy, but we cannot wait. And yet what is to be done? Legislation cannot avail even were the legislators willing to assist us, which they are not. Against any hint of reform are arrayed the interests of all concerned in teaching medicine. Every country doctor who has a private pupil must get his own pet through and receive his fee for it; every city physician, with his class of three or four, has his interest proportionally increased, and the colleges

are, of course, anxious for as many pupils as they can get. Would that medical men had but the honesty to tell applicants for seats in their offices the candid truth! To say to one, "Your health is too feeble; you will die under hard study;" to another, "Your mind is unfitted for the profession; you will never make a physician;" and, to a third, "Stick to your shoemaking—you can live at that." To let them know the troubles and anxieties of the profession, the wearing mental toil, the hard bodily labor, the lack of equally distributed time, and the inadequacy of the remuneration of medical men. Would they do this, we might hope soon to see the *number* of doctors decreasing, and their respectability increasing. We would then have only robust men with good minds, and men actuated, not by the love of money, but who, like Aben Ben Adhem, say—

"Write me as one who loves my fellow men."

Men who are willing to undergo suffering and toil, to expose themselves to cold and damp, to ingratitude and even poverty for the sake of alleviating some of the misery that "flesh is heir to." Failing of this mode of purifying the profession, another more general one, having reference to examinations for practice, should be resorted to. This might be accomplished by the joint consent of the schools, or by action of the National Association. But my article is growing longer than I had intended, and, for the present, I must cease. Perhaps in a future number I may amplify, with your consent, on the idea just thrown out. At present, I conclude by quoting from an unpublished poem of O. Wendell Holmes, which accidentally came under my notice, the following excellent advice to any one thinking of medicine:—

"But thou, poor dreamer, who hast vainly thought,
To live by knowledge which thy brain has bought,
Go, shun the art which every boon denies,
Till age sits glassy in thy sunken eyes;
Go, shun the treasury which withholds its store
Till hope grows cold and blessings bless no more."

BIBLIOGRAPHICAL NOTICES.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from January 6th to April 1st, 1851, inclusive.

THIS periodical is much improved by its new dress. The number before us is the second of the new series. It contains several interesting papers, some of which we shall briefly notice. First,

Cases of Cheese Poisoning, by Dr. ISAAC PARRISH.—Dr. P. was called to a family consisting of a laboring man, his wife, and six children, all of whom, except the wife, had been taken sick within a few minutes of each other, after eating their accustomed scanty meal of tea, bread, and cheese, without anything else. The children were more violently affected than the father, their symptoms resembling somewhat those of cholera: as severe vomiting, dizziness, great prostration of strength, coldness of the extremities, accompanied with profuse watery discharges from the bowels. After relieving the violence of the symptoms, the Dr. took some of the matter ejected from the stomach, to an apothecary, in order to apply to it some of the tests for metallic poison, but found no reason to suspect poison in any of the food. The druggist, on learning the facts of the sickness, mentioned that a family near by had been similarly affected, on the previous evening, from eating cheese from the shop of a neighboring grocer. The Dr. now repaired to the family in question, and found that those who had eaten of the cheese had all been attacked in the same way as his own patients; and on visiting the grocer, from whom it had been obtained, he learned that it was one of a large lot from a celebrated New York dairy, was but three or four months old, weighed but ninety pounds, and

was considered a good article. The grocer had sold nearly seventy pounds of it within a few days to a large number of people, and had retailed out some eight or nine cheeses from the same lot, without hearing any complaints from his customers, until within two days, during which time five or six families had been taken ill. Those who had eaten of the cheese previously, though many of them were found, and inquired of, experienced no inconvenience from its use. A slice of the cheese being subjected to an analytical chemist, no trace of mineral poison could be found in it; hence in seeking an explanation of this singular phenomenon, the peculiar state of the atmosphere was thought of, as a probable source of the deleterious properties which seemed to be developed in the cheese under its influence; these singular facts having occurred during a spell of remarkably damp, foggy, and mild weather, succeeding a cold and clear atmosphere in January. During the two days in which these cases occurred, the air was loaded with moisture, and the fog on the Delaware was sufficiently heavy, as to impede the progress of the boats in crossing.

The cheese, it is suggested, having been previously frozen, might, in the process of softening, have developed deleterious properties; or that, as often happens under more favorable circumstances, the oily matters contained in it might have been converted into an irritating acid, which acted on the stomach and bowels in the manner described.

What strikes us as remarkable, is the fact that the discarded portion of the (poisonous) cheese, was afterwards sold out in slices by another person, without any unpleasant results, which fact seems to confirm the theory that the cause of the offending property was atmospheric. Considerable pains having been taken by Dr. P. to ascertain the extent of injury from this cause, he supposes that not less than one hundred persons have been made sick from this cause, under the observation of physicians in Philadelphia. But we must close this already lengthened notice, by copying from the essay before us, the following: "So far as the limited number of observations here detailed, will justify any conclusion, we might say first:

That in all the instances of sickness from cheese poison, the cheese has been mild and newly made.

"Secondly. That the deleterious properties of the article have been developed suddenly in a mass not previously injurious.

"Thirdly. That in all the cases the cheese had been exposed to the air; and that in all probability a peculiar state of the atmosphere was the immediate cause of the development of poisonous properties.

"If these conclusions be correct, it would seem proper that all newly made cheese should be protected from the air, especially in damp weather; and that their too free use as an article of food, to the exclusion of more wholesome and substantial aliment, should be discouraged."

Though we have drawn largely from the remarks on the subject of cheese poison, on account of their novelty and a desire to draw the attention of country practitioners to the subject, we cannot well forbear referring to an interesting discussion which occurred at one of the meetings of the college, on the use of Cod-Liver Oil, in scrofulous affections and consumption.

The subject was introduced by Dr. Hays, who stated that he had used the oil during the last three years in the Wills' Hospital, and private practice, extensively in the various forms of scrofulous disease, as it affects the eyes, the external glands, the joints, &c., with the most satisfactory results. He conjoins, in many instances, the proto-iodide of iron. He had tried the remedy in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, in most of which the benefit resulting from its use had been very striking.

Dr. Darrach believed it to be a valuable remedy in the anemic condition following summer complaint, and scarlet fever; he also mentioned the case of a female with irregular menstruation, who became thin, pale, and debilitated, with hectic fever, night sweats, and cough, who was entirely restored to health under its continued employment.

Dr. Condie considered it more applicable to young subjects than to those in whom any tubercular deposits had actually taken place; he had not seen any striking effect from it in cases of established consumption.

Dr. Wood said that he should not be doing justice to his own feelings, were he not to communicate to the college the information on the subject which he had derived from his recent experience. In his late work on the practice of medicine, he had stated that the only effect he had seen from the use of the remedy, was the production of nausea; but he had discovered the reason of this to be in the fact that he had not persevered sufficiently long in its use; and he asserts that after having employed it more steadily, he had never met with "any one remedy, or combination of remedies, which had proved so efficacious as this, in pulmonary phthisis." And several remarkable cases were related by the Dr., illustrative of the extraordinary value of this remedy. Dr. Patterson added his testimony in its favor; though he had found many persons who had imbibed an uncontrollable disgust for it, on account of the nausea which it excited. We consider the opinions on this subject, of which we have attempted to give a synopsis, highly valuable to the profession, and hope they will prove acceptable to our readers. In addition to the observations referred to, we notice the remarks of Dr. Hays on amaurosis and granular disease of the kidneys, of Dr. Evans on electro-galvanism in narcotism, the history of a case of membranous croup, by Dr. Griscom, and the views of Dr. Neill on temporal ridges of the African cranium, &c. &c.

Lectures on the Eruptive Fevers, as now in the course of delivery at St. Thomas' Hospital, in London, by GEORGE GREGORY, M. D., Fellow of the Royal College of Physicians of London, Physician to the Small-Pox and Vaccination Hospital at Highgate, Corresponding Member of the National Institute of Washington, etc. *First American edition, with numerous additions and amendments by the author, comprising his latest views, with notes and an appendix, embodying the most recent opinions on Exanthematic Pathology, and also statistical tables and colored plates, by* H. D. BUCKLEY, M. D., Physician of the New York Hospital, Fellow of the New York College of Physicians and Surgeons, etc. etc. New York, S. S. & W. Wood, publishers, 261 Pearl St.

OUR acknowledgments are due to the publishers for this valuable work. It is a large octavo volume, pp. 374, and embraces an amount of information that cannot fail to be useful to the medical student, and physician. Dr. Gregory's connection, for a score of years, with the Small-Pox and Vaccination Hospital at Highgate, has given him an opportunity for clinical observation which but few enjoy, and the result of which is laid before the reader in a plain and familiar style. The high position of the author claims a great degree of credit and authority for his opinions relative to the febrile exanthemata, and, we doubt not, they will be sought after by those who wish to keep pace with the current history of this class of diseases. The character and affinities, the management, early history, phenomena, and pathology of the eruptive fevers, with statistics and extended remarks on non-contagious efflorescences, are set forth in thirteen lectures, to which is added, by the American editor, an appendix, containing statistics of small-pox, measles, scarlet-fever, and hooping-cough, in the cities of New York, Philadelphia, Boston, Providence (R. I.), Lowell (Mass.), Baltimore, and Charleston (S. C.), and in the State of Massachusetts, as far

as could be obtained. There are also added to the work four colored plates of the vaccine disease, as it appears in the cow, and on the hands of those inoculated from this source. The first of these represents the casual cow-pox at its acme on the teats and udder of the cow; and the three others, the vaccine vesicles on the thumb and finger of the milker on the fourth, ninth, and tenth days of papulation. The typographical appearance of the work is good—better than we frequently see from the American press. We have not space for a more extended notice, but we can safely recommend "Gregory on Eruptive Fevers" to our readers as a work worthy of their possession.

EDITORIAL.

"PROFESSORS AND LAYMEN."

THE letter which appeared in our last number from Dr. Yardley, of Philadelphia, correcting an erroneous impression which exists with regard to the motive of the authors of the resolution to which he refers, seems to demand of us a passing notice. The resolution was presented at the late meeting of the American Medical Association at Charleston, S. C., and proposes an alteration in the constitution of the Association, which, if adopted, would rescind that provision of it, by which delegates from all medical colleges, hospitals, lunatic asylums, &c., are admitted. As this is still an open question, we feel at liberty to say a few words upon the propriety of adopting the resolution which emanated from the Philadelphia County Medical Society. It is as follows: "Resolved: that the constitution of said Association should be altered so as to admit only delegates from county or state medical societies." We conceive that great good would result from such an arrange-

ment, inasmuch as it would inspire a greater interest in the mass of the profession to form themselves into county and state medical societies; there being no means that can be adopted for the mutual improvement of physicians, both in their professional and social capacity, that can be compared in importance to such organizations; and while a great good would be accomplished in this way, and a stimulus given to medical reform, the unequal representation now complained of would be avoided, and the meetings of the Association conducted on those principles of republican equality which belong to the genius of our country. There does not seem to us a single valid reason why the representation from medical schools, hospitals, &c., should be three times greater than that of the whole profession; and we do not believe that the jealousies which have already poisoned the current of harmony that is wont to refresh and invigorate the entire body, are in anywise necessary to the maintenance of the association; hence we would be glad to see them all abandoned; and as we believe their foundation is in the spirit of rivalry between the different schools, and of suspicion between those who are professors, and those who are not, we would rejoice to see the wall of partition broken down.

Medical schools generally spring up as the result of private enterprise, organized and sustained in view of personal emolument; and they ought not to be allowed, in matters of common interest, to exercise an unequal and overbearing influence. We do not charge those to whom *they belong*, with any motive of injustice towards others; but we do believe that in a general assembly of physicians, met together from all parts of our country, for the purpose of improvement in science, and the advancement of mutual interests, there should be no line of difference drawn between *professors* and *laymen*; and that there should be no doctrines taught that may be arrayed before us as *school*, or *anti-school*. That there is such a spirit among us, is evident. The very fact of the resolution itself, confirms the assertion. The great cause of dissension in the medical world (not as regards opinions in practice), but as re-

lates to the policy and government of medical organizations, and professional intercourse with each other, is jealousy; that strong passion of the human heart, which arises from fear that a rival will gain an advantage which we had hoped to gain, or that he may be exalted to a position which we had anticipated.

That this spirit may be rooted out of our noble, and ennobling profession, we do most heartily desire; because, wherever it may be found, in the private walks of daily professional life, or in our more public engagements connected with medical societies, it is the spirit of discord. It must be avoided, if we would have prosperity; and if we would hide it from the sight of the multitude in our public meetings, we must hide it from one another in our daily life; and let the tribute of gratitude be freely offered to those, who, with a strong desire to serve the profession and the cause of science, have come forward with a suggestion which promises so much benefit. To them let the language be addressed,

"Whoever has qualities to alarm our jealousy, has excellence to deserve our fondness."

We hope the question involved in the resolution will be fully considered. It does not contemplate to exclude professors from the meetings of the association, but to do away with all exclusive privileges, while it equalizes the legislative power of what ought to be, our medical congress.

PROFESSORIAL CHANGES.

Professors Webster and Coventry having resigned their respective chairs in the Buffalo Medical College, the former has been succeeded by Prof. B. R. Palmer, of Woodstock, Vt., in the chair of Anatomy, and the latter by Dr. John C. Dalton, Jr., of Boston, in the chair of Physiology and Medical Jurisprudence.

Professor Gross having resigned the professorship of Surgery in the University of New York, Dr. Alfred C. Post has been appointed to fill it, and Dr. Meredith Clymer, of Philadelphia, has been appointed to the chair of Medicine in the

same school, vacated by Prof. Bartlett. Prof. Gross resumes his former position in the Louisville Medical School.

Professor E. R. Peaslee, of Hanover, N. H., has been appointed professor of Physiology, Pathology, and Microscopy, in the New York Medical College.

EDITOR'S TABLE.

The following pamphlets, journals, &c., have been received:—

Report on the Eastern Lunatic Asylum in the city of Williamsburg, Va., for 1850, and

Essays on Asylums for Persons of Unsound Mind. By JOHN M. GALT, M. D., Superintendent and Physician of the above Asylum. These are able and interesting essays, which are, in fact, reports which were presented to the Association of Medical Superintendents of American Institutions for the Insane, at the meeting of the society, which took place in June, 1850.

Professor Darrach's Charge to the Graduating Class of the Medical Department of Pennsylvania College, contains many counsels which are of vast importance in the formation of the medical mind. His subject is divided into—liberality, devotion, compassion, and discernment—as necessary qualifications in the practitioner of medicine.

A New Sign Language for Deaf Mutes. From the author, ALBERT J. MYER, M. D., Buffalo, N. Y. A very ingenious and original paper.

An Address on Medical Jurisprudence. By D. H. STORER, M. D., of Boston, awaits a more extended notice.

American Journal of the Medical Sciences.

British and For. Medico-Chirurgical Review.

American Journal of Insanity. *October and January not received.*

American Journal of Dental Science.

Transactions of the College of Physicians, Philadelphia.

Transactions of the New York Academy of Medicine.

American Journal of Pharmacy.

New York Journal of Medicine and the Collateral Sciences.

Charleston Medical Journal and Review. *March No. not received.*

Ohio Medical and Surgical Journal.

New Orleans Medical and Surgical Journal. *Not received since November.*

St. Louis Medical and Surgical Journal.

Transylvania Medical Journal for June.

Medical Examiner.

Stethoscope and Virginia Medical Gazette.

Southern Medical and Surgical Journal.

Northern Lancet.

Western Lancet.

British American Medical and Physical Journal. *June and July not received.*

Buffalo Medical Journal.

Medical News and Library.

Nashville Journal of Medicine and Surgery. *February only received.*

Dental News Letter. *October, January, and April only received.*

Mrs. Whittelsey's Magazine for Mothers and Daughters, New York.

New York Register of Medicine and Pharmacy.

New York Medical Gazette.

Boston Medical and Surgical Journal.

North Western Medical and Surgical Journal.

ECLECTIC AND SUMMARY DEPARTMENT.

Poisoning from Opium successfully treated by Electro-Magnetism.—Two cases of the successful employment of electro-magnetism, in poisoning from opium, are reported in the *Philadelphia Medical Examiner* for June, one by Dr. J. B. Biddle, one of the editors of the *Examiner*, the other by Dr. Mütter. Both cases seemed desperate, having failed to yield to the usual modes of treatment resorted to on such occasions. One pole of the battery was applied to the nape of the neck, the other to the epigastrium and other parts of the body. In Dr. Biddle's case, it was necessary to keep up the action for more than two hours, as the patient sank back into a state of profound coma when the poles of the battery were withdrawn.

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Syncope after Delivery.—Dr. Saml. C. Wait, of Gouverneur, N. Y., recommends the compression of the abdominal aorta in cases of faintness after delivery. This is easily accomplished by pressure at the umbilicus in the lax condition of the abdominal parietes after delivery. This compression may be kept up until stimulants have time to act. It is also spoken of as an effectual way of arresting uterine hemorrhage.—*Boston Medical Journal.*

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In the *Reporter*, for May, we gave a summary of an article in the *Boston Medical Journal*, by Dr. Shipman, of Syracuse, N. Y., in which he recommends morphia in the treatment of strangulated hernia. In the same journal, for June 11th, is an excellent article on the *principles* involved in the reduction of hernia, by Dr. Geo. J. Ziegler, of Philadelphia. His prominent ideas seem to be the relaxation of the external, or constricting tissues, by appropriate means, and the contraction of the internal tissues involved, by the use of astringents.

According to Dr. Z., the true indications to be fulfilled appear to be—

"*First*—The prevention or correction of the irritation both local and general, and, consequently, the baneful effects of the continuance of such, which may be furnished by the internal exhibition of full and frequent doses of opium, or its salts, &c. *Second*—The contraction of the intestinal and strangulated tissues, and thus to withdraw them through the confining part into the abdominal cavity. This may be induced by astringents, such as acetate of lead, tannin, &c.; the former, in addition to its astringency, exerting a sedative, and thus promoting its former action, while it is, at the same time, assisting the sedative and astringent influence of the opium for the former indication, as it is a well-established fact that this latter produces constipation, which may not, however, depend altogether upon its astringent, but its stimulant or sedative and desiccative influence on the tissues and secretions, thus modifying the hygrometric condition of the mucous and other membranes. *Third*—Position, which should be such as to promote the relaxation of the abdominal and other muscles and tissues concerned in the constriction of the protruded part. *Fourth*—The more immediate correction of the irritation, and the induction of relaxation of and about the confining tissues. These may be produced by the external application upon and around the tumor of warm water, warm infusions of belladonna, stramonium, &c. or, probably, better still, by solutions of their active principles, atropia, daturia, &c.; or, where none of these are convenient, the leaves of these plants, or those having analogous properties, as tobacco, &c.; but this latter is so readily absorbed, and so powerfully and directly sedative, that if used indiscriminately even here, it may interfere with the successful action of the internal remedies. *Fifth*—The taxis, the pressure from which should be very gentle, yet steady and prolonged. *Sixth*—After the reduction, the evacuation of the alimentary canal. This, however, is sometimes spontaneous; but if not, it can generally be effected with little difficulty by injection or otherwise of mild and soothing cathartics, such as castor oil, &c. These are preferable, because the tendency is still, if it is not already active, to inflammation, and, therefore, should be carefully guarded against, even to the exclusion of catharsis for a time if the tendency or action should be very strong, although in this stage, from the modified condition of the intestinal membranes, inflammation may arise and depend upon the fecal accumulations. Hence it requires judicious discrimination. *Seventh*—The prevention and cure of inflammation and its consequences by the usual antiphlogistic treatment, according to the stage and activity of the disease, and the characteristic tendencies of the patient's system.

Scutellaria Laterifolia as a Nervine. By C. H. CLEVELAND, M. D., of Waterbury, Vermont.—One of the most valuable *nervines* that have been discovered for our use, is to be found by the side of many of our streamlets, and in low marshy places in nearly every part of this State, and in sufficient quantities to supply the entire profession from Maine to Texas, should they but be convinced that with us grow plants possessing medicinal properties as useful and as potent as are obtained from distant climes.

Such, I think, must be the belief of all who will make a trial of the *Scutellaria Laterifolia*, in the place of the English or German Valerian

(*valeriana officinalis*), that has been the main article in use in this region in all *nervous diseases* since the day when *Assafetida* went out of fashion.

The *Scutalap* has not only a most remarkable power of controlling the nervous excitability, as manifested in patients of an irritable temperament when fatigued, over-excited, or suffering from slight physical derangement, but its most valuable properties are displayed in those severe and painful cases where we are led to use our most potent and active remedial means. In *Delirium-tremens*, *Tic-douloureux*, *Convulsions* from irritation of the ganglionic nerves or spinal cord, in *Chorea Sancti-viti*, *dental irritation* among children, as well as in the ordinary diseases of the nerves, where a soothing quieting medicine is indicated, I have been led to prefer the *Scutellaria* above all other nervines or antispasmodics, except in those cases where an immediate effect is desirable. In such cases, of course, we should resort to chloroform, ether, musk, castor, and the other drugs of the same class.

Among my reasons for this preference, I would mention the *tonic* property of the herb, which gives strength as well as quiet; its *sudorific* and its *diuretic* powers, both tending to relieve the congestion that is usually present, which tends to perpetuate the disease. It never leaves that excitable irritable condition of the system when its soothing influence has worn away, that follows some of the other nervines; and it is so readily administered that but little delay need occur, and no evil results be anticipated.

I am led to call the attention of the profession to this plant in the earnest and decided manner I have used, mainly because of the high estimate I place upon it; but in part from the disparaging remarks of the *United States Dispensatory*. I would not wish to detract from the fair and just fame of the compilers of that great work, or lessen the confidence that is so properly placed in it, but I think I know more of this plant than those authors *could* know, and write according to my own observations. Without doubt, the plant has been extolled too highly by some, and also recommended in cases where it has failed of answering the expectations of those who relied upon it, but not, I think, when used in such diseases as are indicated above. To me it has never seemed inert and powerless, and having had occasion to make *personal* use of it when the whole system was suffering severely from being poisoned by decomposing animal matter, I feel qualified to testify that "it *does* produce an *obvious* effect."

I have used it in the form of a saturated *tincture*, a *syrup*, and a *cold* and *warm infusion*; and I prefer the infusions to the other preparations when they can be conveniently prepared, the cold when it is desirable to obtain the tonic, and the warm when the sudorific effect is demanded. Half an ounce of the dried leaves to a tea-cup full of water will be very strong, and it may be drank *ad libitum*.

Of its curative power in cases of *hydrophobia* I can say nothing, never having had an opportunity to give it a trial; but should such a case present itself, I should make a trial of the plant in conjunction with other means."—*N. Y. Register*.

Sanitary Institutions.—The progress of modern medicine is, perhaps, nowhere better shown than in what may be termed the sanitary feature

* See "Treatment of Hydrophobia," by Dr. Moran, in *N. J. Medical Reporter* for October, 1850, p. 39.—[Ed. N. J. MED. REF.]

of the science. By this expression we mean to refer, not alone to public and private hygiene, but to the class of measures involved in the management of diseases which may be called sanitary, in distinction from those which are medicinal in their character. A nicer discrimination in the cases which call for the active interference of medical aid; a greater reliance on the conservative and restorative energies of the organism; and, in proportion to an increased circumspection in the use of medicinal agents, a juster appreciation of sanitary treatment, may be said to characterize modern therapeutics, as exemplified in the practical views of the best practitioners of the present time.

As one of the results of the present tone and tendency of practical medicine, we hope to see institutions established under the auspices of the profession, in which the sanitary, as well as medicinal treatment of chronic affections, may be more systematically and faithfully conducted than is, in many cases, practicable in private practice. We have for some time entertained the belief that the absence of sanitary retreats, or rather their relinquishment into the hands of empirics, is a misfortune which ought not to exist. Such institutions, placed under the supervision of well educated, experienced, judicious physicians, would do a great deal of good, and, by providing for an obvious necessity for them, would protect many persons from the delusions of quackery. There is a certain class of patients requiring the hygienic discipline of institutions of the description referred to, where the benefits of withdrawal from the cares and excitements of business; the moral influences of novelty, recreation, and change of scene; together with properly regulated habits of diet and regimen, and such special sanitary measures as may be indicated, are conjointly brought to bear on the recovery of health. We need not stop to describe the class of patients to whom we allude, for there is not a medical practitioner actively engaged in the duties of his profession who cannot at once recall instances to be met with in his daily walks. This class of patients, as every physician's experience tells him, cannot be cured by drugs alone. Different remedies are prescribed in succession, until the physician and patient become tired, and often separate in mutual disgust. It is by this class that patented remedies are consumed, and empirics of all kinds are, in a great measure, supported. As a general remark, the difficulty in such cases, in the way of cure, consists in certain physical, mental, or moral obstacles that cannot be removed except the patient be placed under circumstances in which the influences acting in these three directions, severally and collectively, can be effectually controlled, and this can only be done at well-regulated sanitary retreats.

Hitherto such institutions have been mostly in the hands of irregular practitioners, and are conducted with reference to some exclusive dogma. Hydropathy is the prevailing basis at this time, and nearly all the public institutions for the restoration of health are *water-cures*, generally under the management of homeopaths, Thompsonians, and eclectics, or uneducated persons who do not belong to any medical sect, but are a "law to themselves." The fact that these establishments are crowded with inmates, shows the existence of a want which it is the duty, not less than the true policy of the profession, to supply. If there were proper institutions placed under the supervision of physicians, and conducted in a manner to meet the approval and encouragement of the profession, it is probable that they would be preferred by a large majority of the patients who now flock to those which cannot and should not be recognized as within the pale of legitimate practice. Hence, a

much greater amount of good would be effected, in the first place, by giving better advantages to the individuals for whose benefit sanitary institutions are designed; and, in the second place, by providing against the encroachments of quackery. So long as the profession continue to relinquish this field of practical medicine, it will be occupied by those who now have possession of it, and who are shrewd enough to perceive and profit by its fruits. The profession in this, as in some other matters, has been neglectful of its own interests, and allowed *squatters* to remain unmolested until they are emboldened to prefer a pre-emption claim to valuable territory belonging rightfully to legitimate medicine.

That sanitary institutions would give efficiency to the management of a large number of chronic cases which are now the opprobria of the profession, may be deduced from the fact that beneficial results are attained at the establishments professedly of that character which now exist. We freely admit this to be a fact, while it is not less certain that, owing to errors and defects arising from ignorance, want of judgment and discrimination, and the adoption of exclusive and erroneous doctrines of therapeutics, much harm is done. The failures and instances of positive injury probably preponderate greatly over the aggregate of cases in which cures are effected, or real benefit is experienced. But let sanitary retreats be instituted, in which, as in our insane asylums and hospitals, patients can enjoy the advantages of medical knowledge, experience, and skill, and while the amount of good would be immeasurably enhanced, there would be no counterbalancing evils.

We have penned these few remarks in order to invite the attention of our readers to a subject which seems to us to possess considerable importance, and to which we may recur at some future time.—*Editorial in Buffalo Journal.*

Medical Facts.—The first permanent hospital was established in Philadelphia in 1752, and was aided by a grant of £2,000 from the Colonial Assembly. Its establishment was owing to the suggestions of Dr. Thomas Bond, who became its superintendent, and, we believe, the first *clinical* lecturer on medicine in America.

The first medical school was commenced in Philadelphia in 1768, which was closed during the Revolution.

The first medical degrees conferred in America were by King's College, New York, in 1769.

The first medical work was "A Brief Guide on Small-pox and Measles," by Thomas Thatcher, of Massachusetts, published 1677.

Dr. Zabdiel Boylston, of Boston, first introduced the practice of inoculation for the small-pox into the country, by inoculating his own son, thirteen years of age, and two colored servants. This was on the 27th of June, 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practised in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Beekmann Van Buren, as physician to the Alms House, was the first physician, says Dr. J. W. Francis, who introduced the practice of inoculation for the small-pox into our (New York) public institutions.

The first *post-mortem* examination that took place in America, of which we have any record, was made in 1691, by Dr. Johannes Kerfbyl, assisted by five other physicians of the city of New York. The body

was that of Governor Sloughter, who died suddenly under suspicious circumstances.

The first medical meeting was held in New Brunswick, N. J., in 1766.

In 1781 the Massachusetts Medical Society was incorporated, being the first medical society formed in America.

The first medical periodical published was commenced in New York in 1796, and called the *Medical Repository*.—*New York Literary World*.

Destruction of the Foot by Fire during Anæsthetic Intoxication by Spts. of Turpentine—Amputation below the Knee.—This is also a case of burn, but under singular circumstances. The negro Reuben, aged about 60 years, had long been in the habit of indulging too freely his appetite for stimulants, and had of late resorted to the use of spirits of turpentine when he could not procure the more palatable combinations of spirits of wine. The festivities of Christmas week had furnished him a liberal supply of alcoholics, when, on the evening of the 30th December, he added a full potation of spirits of turpentine, and went to sleep upon the floor with his feet near the fire, as is very common with this class of people. On the following morning his fellow servants found him still soundly asleep, with one foot upon the burning wood, his shoe, stocking, and the lower end of the pantaloons having been entirely consumed. He was aroused, and walked out to urinate, saying that he felt no pain in his foot, and that he did not believe it was burnt. On returning into the house, he took another drink of the turpentine and went to bed. The patient being in Hamburg, Dr. Creighton was called to see him, and requested Prof. Dugas to meet him in consultation at noon on the 31st. The old man was found asleep, but was easily awakened, when he still denied having any pain in the limb. The surface of the foot and leg, half way up to the knee, was completely charred, and the deep seated parts felt as though they had been thoroughly desiccated. No sensation was experienced on plunging a knife into the affected tissue, although he felt it when carried above.

As it was deemed proper to await the subsidence of the effects of the intoxication before proceeding to amputate the limb, this was deferred until the 3d January, when it was removed a little below the knee.

The chloroform did not in this case induce the comatose state, although it was very freely inhaled. It simply produced intoxication; yet insensibility was so complete that the amputation was effected during his conversation with the bystanders, and without his knowledge, for he was quite surprised when informed that the foot held up to his observation was his own. Prof. Dugas states that he has repeatedly observed that it is very difficult to produce the comatose effects of anæsthetics in persons addicted to intemperance.

On examining the amputated extremity, it was found that the tissues of the foot and leg, up to about three inches below the section, were completely dried, and resembled jerked or smoked beef. Above this they were tumid and infiltrated with serum.

An opiate was given Reuben at bedtime, but he passed a very restless night, being much annoyed with strangury, and seeming still somewhat intoxicated. On the following day he evinced symptoms of approaching mania-a-pota, with occasional hiccough. Alcoholics, opiates, and broth, were administered; he seemed to improve a little, but as the strangury subsided, he became troubled with incontinence of urine; mania-a-pota was not developed, but he remained flighty; the

hicough increased, his appetite failed, the energies of the system gradually sank, and he died on the 13th January, the stump having only partially healed.

This case is remarkable; it illustrates the extent to which the taste may be depraved by intemperance; it establishes the new fact that spirits of turpentine may induce complete insensibility; and it shows the serious and persistent deleterious effects of this agent upon the urinary apparatus as well as upon the general system. Reuben never appeared to be entirely relieved from the intoxication during which he was burnt.—*Southern Med. and Surg. Jour.*

Blanched Hair from Sudden Emotions.—Dr. Smilie relates the following case among others in the *Boston Medical and Surgical Journal* for July 2d. The subject of it was a young man 23 years old:—

"He came from the mines to San Francisco with the intention of soon leaving the latter place for home. On the evening of his arrival, he, with his companions, visited the gambling saloons. After watching for a long time the varied fortunes of a table supposed to be undergoing the process of 'tapping,' from the continued success of those betting against the bank, the excitement overthrew his better judgment, and he threw upon the 'seven spot' of a new deal, a bag which he said contained 1100 dollars—his all, the result of two years' privation and hard labor—exclaiming, with a voice trembling from intense excitement, 'my home or the mines.' As the dealer slowly resumed the drawing of his cards, with his countenance livid from fear of the inevitable fate that seems ever attendant upon the tapping process when once commenced, I turned my eyes towards the young man who had staked his whole gains upon a card, and never shall I forget the impression made by his look of intense anxiety as he watched the cards as they fell from the dealer's hands. All the energies of his system seemed concentrated in the fixed gaze of his eyes, while the deadly pallor of his face bespoke the subdued action of his heart. All around seemed infected with the sympathetic powers of the spell—even the hitherto successful winners forgot their own stakes in the hazardous chance placed upon the issue of the bet. The cards are slowly told with the precision of high-wrought excitement. The seven spot wins! The spell is broken; reaction takes place. The winner exclaims, with a deep-drawn sigh, 'I will never gamble again,' and was carried from the room in a deep swoon, from which he did not fully recover until the next morning, and then, to know that the equivalent surrendered for his gain was the color of his hair, now changed to a perfect white!"—*Boston Journal.*

Creasote in Diarrhoea. By W. B. KESTIVEN, Surgeon.—The value of creasote in diarrhoea is really so great, and yet it is so little known to the profession generally, that if you can spare the space to insert the following remarks, they may, perhaps, be of use to others.

In the year 1849, Mr. Spinks, of Warrington, wrote through the medium of your journal to say that he had found the administration of creasote in diarrhoea and cholera attended with the best success. The writer made trial of the remedy on Mr. Spinks' recommendation, and since then has seldom had recourse to any other medicine for diarrhoea. In most cases this alone has been given, and chalk mixtures, &c. &c. have been entirely discarded. The form in which it has been administered to adults has been as follows: R. Creasoti $\mathfrak{m}\text{j}$ ad $\mathfrak{m}\text{v}$; Spir. Ammon. Arom. $\mathfrak{M}\text{xv}$ ad $\mathfrak{z}\text{j}$; Aquæ $\mathfrak{z}\text{j}$ ad $\mathfrak{z}\text{iss}$. Where pain has been

severe, Tinct. Camph. Co. has been added. Mr. Spinks* prescribed chloric ether; but, the writer having had reason to think it produced headache, has omitted that article without detriment.

In no single case has creasote failed to be of signal benefit; in most cases one single dose has sufficed to arrest the course of the disease; in very few cases has it been requisite to administer more than the second dose. The remedy has been tried (to keep within the limits), it may be stated, in considerably more than a hundred instances, and its effects can therefore be confidently affirmed. It is not, of course, hereby asserted that equal success will always attend its use; the circumstances of local influences, epidemic constitution of the season, &c. may modify results in other hands. The present communication goes no farther than to affirm that the writer, like Mr. Spinks, has found creasote more efficient than any other drug in stopping pain, vomiting, and purging, as combined in diarrhoea. Of its utility in cholera the writer has had no experience.

Creasote is well known to have a powerful effect in coagulating albumen and other animal principles; and it is probable that its astringent operation may be due to the exertion of some such influence on the lining membrane, as well as the mucous secretions of the alimentary canal.—*London Medical Gazette.*

A Case of Insanity cured by Chloroform. By ASAHEL CLARKE, M. D., of Beloit, Rock County, Wis.—On the evening of the 19th of March last, I was called to see Mrs. F., aged 49. For two or three months previous to this time, she had been gloomy and desponding. During the day a letter had been received from California, containing unpleasant intelligence. Several hysterical convulsions followed. She had recovered from these when I arrived, but appeared to be insane. I could not persuade her to take any medicine, and left, advising her attendants, if she did not get sleep during the night, and was not in her right mind in the morning, to send for her husband. (Mr. F. had gone to the County Seat as a jurymen.)

He was sent for, and the family physician also (a homoeopathist). Ten days after, I was requested to see her again. She has had but little sleep, and has continued to be entirely insane ever since my last visit. I advised the use of chloroform. Mr. F., after making many objections, consented to have it given. I gave it till it produced quiet sleep, and left, giving directions to have the room kept still till she awoke. She slept about twenty minutes after I left her, and awoke quite rational, and has continued so ever since. After she awoke, she commenced talking about matters that occurred during the day of my first visit. The ten days that had

* Medical Gazette, N. S. vol. ix. p. 255.

elapsed since, were wholly lost time to her. She has no recollection of anything that occurred during that time.

If you think the above, or any part of it, would be of interest to your readers, you are at liberty to publish it.—*N. W. Med. and Surg. Jour.*

Two Cases of Nervous Collapse after Parturition. By C. K. WINSTON, M. D., of Nashville, Tennessee.—Mrs. A. was taken in labor, with her fifth child, some time during the autumn of 1844. She was a lady of delicate constitution, highly nervous temperament, was in the seventh month of pregnancy, and was, at the time, the subject of considerable pulmonary irritation. As the full period of utero-gestation had not been accomplished, I made some effort to arrest the labor, which proved ineffectual, and at one o'clock A. M., the child, with the membranes and placenta, was forcibly and suddenly expelled. The abdominal tumor was unusually large, and a quantity of water escaped with the child, which was still-born.

As soon as the contents of the uterus were removed, I placed my hand on the abdomen and found the womb firmly contracted. The patient was cheerful for a few minutes, and all seemed to be well; but it was not long before she complained of "a sinking," as she termed it, which I took for ordinary syncope. The womb was immediately examined and found still contracted firmly. I then lowered her head, threw some cold water in her face, gave a large draught of brandy, and made firm pressure upon the abdomen. The pulse, in the mean time, had become very feeble and rapid, the skin was cold, countenance haggard, respiration quick and difficult. I became satisfied that the case was unusual, and that, unless something was accomplished speedily, it would terminate fatally. The portions of brandy were increased, *powerful pressure* was made upon the abdomen, and sinapisms, with hot bricks, were applied to the extremities. I resorted also to the use of ergot, with the hope of arousing the nervous energy by exciting uterine contraction. These remedies, however, failed *entirely*, and I requested a consultation with Dr. Felix Robertson.

When the Dr. arrived, which was about 3 o'clock A. M., his first impression was that she was sinking from internal hemorrhage; but there was none externally, and the womb was firmly contracted. At this time the patient was very restless, the pulse almost extinct, the skin cold and bedewed

with perspiration, breathing laborious and hurried. She could not lie still—said she should suffocate—complained of an unusual tired sensation between the shoulders. The most powerful stimulants were resorted to without effect, and she expired between 4 and 5 o'clock A. M.

In the month of January, 1851, I was called to attend Mrs. G., in labor with her fourth child. I had been with her on two occasions previously. In her first confinement, as well as the second, she was the subject of adherent placenta. There was no difficulty in the third instance, and as her general health had greatly improved, I felicitated myself that in this I should meet with no obstacle. The labor became active at about 8 o'clock P. M., and at 10 P. M. she was delivered of a large healthy female child. In a few minutes violent contractions of the womb came on, and the placenta was expelled. As soon as this had occurred, the patient observed that she was fainting. An examination of the abdomen proved the uterus firmly contracted, and I hoped that stimulants would soon revive her. In this, however, I was disappointed. Dr. Ford was then called in. We continued to make the most powerful efforts, as in the former case, but without effect, and at 6 o'clock A. M. she expired.

The above are the only cases of a similar character which have come within my observation. They are invested with peculiar interest, both on account of their rarity and obscurity. Medical writers, so far as I have seen, refer to the condition incidentally. They fail to attach the importance to it which it unquestionably demands. Ramsbotham devotes a paragraph or two to it, under the head of "Syncope;" but surely it is widely different from that condition as it is usually understood. It is as different from ordinary fainting as is the collapse from cholera. It involves a peculiar state of the nervous system, and the mode of relief is not understood. It is similar to that which occurs in the last stages of congestive fever and cholera, and the treatment by stimulants, though clearly indicated, are equally unsuccessful. It seems, in such cases, that there is a sudden demand made upon the nervous centres, by a sudden withdrawal of the stimulus of distension, and that in the effort to supply it the vital powers are so far exhausted as to result in a nervous collapse incompatible with the healthy functions. Or, in other words, there is such an exhaustion of the nervous power as that the amount distributed to the nervous organs is not sufficient to continue them in the performance of their appropriate offices.

If this view of the subject be correct, it follows that stimulants can do no good; and this quadrates with our experience with similar remedies in the collapsed stages in Asiatic cholera and congestive fever. If a remedy could be applied which would re-establish such a condition of the general system as existed before the delivery, we might reasonably expect relief. But what shall that remedy be?—*Nashville Jour.*

A Case of Monomania. By JOHN TRAVIS, M. D., of Benton County, Tennessee.—On searching my note-book for 1840, I find a case of monomania which I cured by the most simple means.

H. L., aged thirty-five, a married man with a wife and five children, had labored under partial insanity four years, the largest part of the time he confined himself to his bed. His appetite was good, and he generally ate as much strong food as a laboring man. He had been under medical treatment for more than three years, without relief. Finally his medical adviser told him that he was not sick, and that he should go to work. This gave great offence, and he removed from the vicinity of his physician. He called on me to cure him. He related his diseases minutely—he said he had the gonorrhœa, the piles, rheumatism, brain fever, liver disease, consumption, &c. According to Dr. Rush's instructions, I agreed with him, that he was diseased from the crown of his head to the soles of his feet. I made a box of one hundred pills of flour and white magnesia, and directed him to take one, morning, noon, and evening—to ride a trotting horse ten miles every day, and work some in the garden daily. He thought it impossible for him to ride ten miles a day or work in the garden. I told him he would certainly die if he failed to attend to my prescription. In three months he visited me and declared himself well, and he has made a crop on his farm every year since. He said the pills were the best medicine he had ever taken. In this case, according to King Solomon, I treated a fool according to his folly.

I have had many other cases of mental disease to treat, including mania, mania-à-potu, &c. In those I used active medicinal agents.

This case is reported on account of the simplicity of its treatment. The exercise alone cured the patient.—*Transylvania Med. Journ.*

* Would not compression of the Abdominal Aorta, as recommended on p. 326 of this number, have had a favorable effect.—[Ed.]

Professor Mettauer's Aperient Solution.—Prof. Mettauer, in an article on constipation, speaks in the highest terms of praise of the following "Aperient Solution:" R. Aloes Soc. ʒiiss; Sodæ Supercarb. ʒvj; Aqua Oiv; Sp. Lavand. Co. fʒij. After digesting for fourteen days, the clear liquor may be decanted, or allowed to remain. Age improves both the power and taste of the solution.

"I claim for myself," the professor says, "the sole credit of originality in the invention of this compound." * * * The aperient acts both on the liver and the muciparous glands; corrects and prevents acidity; and probably aids assimilation when oily articles are used for food. It should be given about half an hour after dinner and supper, the common dose being fʒj, though in some cases this may be increased even to fʒj. A single dose is sometimes sufficient, and then should be given at bedtime, diluting the solution with water, if desired. It is suitable to almost every example of constipation complicated with defective biliary secretion, except when the state of the stomach is alkalescent; and may be used also in the constipation of pregnancy."—*Am. Journ. of Med. Sciences.*

On the Treatment of Erysipelas by the Muriated Tincture of Iron. By G. H. BELL, Surgeon.—We find, in the *Boston Medical and Surgical Journal*, an article by Mr. Bell, in which he recommends a mode of treating erysipelas, differing from that usually resorted to, but which he has found invariably successful. We have only room to quote one or two paragraphs, and must omit the cases which seem to warrant Mr. B.'s conclusions. He says:—

"My purpose being purely practical, it would be out of place to premise with a disquisition on the nature and causes of inflammation; but in order to explain in some measure the principle by which I have been actuated in employing a powerful tonic in a disease generally occasioning so much fever and cerebral excitement as erysipelas, I consider it necessary to repeat the opinion I have elsewhere expressed—viz., that 'in inflammation, the capillary vessels having apparently lost the power of separating or electing the component parts of the blood which are necessary for functional purposes, and become to a certain extent inert tubes, a stream of blood is admitted, for the circulation of which they are not calculated.' In other words, I consider that in erysipelas the capillary vessels are in an atonic state.

"This hypothesis appears to me to be supported by the

effect of the treatment I have adopted in erysipelas—the cases demonstrating that when an extensive portion of the surface of the body is violently inflamed, producing a high degree of fever and cerebral excitement; on the system being rapidly surcharged with, or brought under the influence of, the muriated tincture of iron, while the cerebral affection and other symptoms of fever subside, the local pain is relieved, and the redness and swelling gradually disappear; and, so far as the tonic medicine appears to be concerned, all this is effected without any appreciable evacuation from the emunctories of the system.

“*Mode of administering the Remedy.*—Of course the first object is to have the bowels freely acted on. If the erysipelas be mild, fifteen drops of the muriated tincture of iron are administered in water every two hours until the disease is completely removed. When the attack threatens to be more severe, the dose of the tincture is increased to twenty-five drops every two hours, and persevered in night and day, however high the fever and delirium. The only local applications I ever find necessary are hair powder and cotton wadding. While I depend for the removal of the disease on the chalybeate, it is necessary that the bowels should be attended to throughout the treatment.—*Edinburgh Monthly Journal of Medical Science.*

Application of Collodion as a Preventive of Pitting in Variola, and its Use in cases of Mammary Inflammation.—Dr. Storer remarked that he had used collodion in one case, within a short period, successfully. The patient was very ill with small-pox; upon the appearance of the pustules, those upon the face were brushed over, two or three times daily, with the above liquid until the period of desquamation. The patient, upon recovery, exhibited no pits upon her face.

Dr. S. observed that Professor Evans, of the Rush Medical College, had reported several cases during the past year in one of the Western Journals, in which he used collodion advantageously in *mammary inflammation*; suppuration was prevented in most of the cases, and relief obtained in all. His object in applying this remedy was to obtain a contraction of the parts, supposing that thus the freedom with which the blood is forced into the mamma would be overcome, and the lymph absorbed by compression.

Dr. S. had tried Prof. E.'s plan in three cases, but had not observed any decided effect from the application; he is un-

willing, however, to venture an opinion upon its value without further experience.

Dr. Bowditch testified to the efficacy of collodion in the prevention of pitting from variola.

Dr. Abbot supposed it to act by its *constrictive* property, compressing the blood-vessels around the pustules, and thus diminishing the formation of pus. With this view he had applied it, in his own person, in threatened paronychia with success, the inflammation being completely arrested.

Dr. Bowditch, referring to the apparent effect of *pressure* in preventing inflammation, mentioned a case of peritonitis, where the pressure made by the intestines upon each other seemed to arrest the diseased action, no inflammatory blush being observed between the intestinal convolutions.

In another case, where the *liver* had pressed upon the *stomach*, the portion of the latter viscus thus situated was quite *white* and entirely uninflamed, while the rest was much affected.

Dr. Jackson said he had often noticed similar facts, but had never previously thus accounted for them. He thought the effect of compression evident.—*Morland; Extracts from Records of Boston Soc. for Medical Improvement.*—[*Am. Jour. of Med. Sciences.*]

Fractured Vertebra. Dr. S. D. TOWNSEND showed the specimens.—The fourth dorsal vertebra fractured through its body, and also the spinous processes of the three next below it. The patient from whom these were taken received a blow from a "derrick," which first struck the *head*, then the *back*. He was instantly paralyzed from the diaphragm downwards. He lived seventeen days; a slough formed over the sacrum about the tenth day.—*Ibid.*

Intra-Capsular Fracture of the Cervix Femoris. Death from Intestinal Strangulation. Dr. J. M. WARREN related the case.—A gentleman, 83 years of age, fell upon a carpeted floor, striking the right trochanter. He was taken up suffering severe pain. Foot everted and shortened half an inch. He was placed on the triple inclined plane, the foot supported by means of pillows and protected by a cradle. At the end of seven weeks he was able to move the leg without pain, and the foot was not disposed to evert. On the 30th of January he was seized with a pain in the epigastrium, accompanied by vomiting. Pain relieved on 31st, but the vomiting continued

at intervals until his death, which occurred on the 4th of February. During this period there was no pain on pressure over any part of the abdomen, and no tumor perceived. One evacuation, of a solid consistence, took place from the bowels, by means of enema, on the 2d of February. The urine was suppressed for 24 hours; afterwards it was passed naturally.

On examination after death, it was discovered that about eighteen inches of the ileum, in the neighborhood of the cœcum, had passed through an aperture in the circumference of the omentum, apparently made by an old adhesion; all this portion of the intestine was black, but not in a state of gangrene, the strangulation being partial. The capsule of the hip joint being opened, there issued a small quantity of dark-colored blood. A fracture was at once seen passing transversely through the neck of the bone; the parts, however, were firmly interlocked, and it was only after efforts of forcible rotation were made that they partially separated. A portion of the periosteum, at the back part of the cervix, remained entire. The effects of the fracture were to produce a slight shortening of the neck of the bone, by the fragments being driven, as it were, one into the other, and an additional shortness of the limb, from the partial drawing up of the shaft of the bone, by muscular contraction.—*Ibid.*

Testicle retained in the Groin; Extirpation. Dr. J. M. WARREN showed the specimen.—The patient was 38 years old, and a small tumor had always been observed high up in the groin, which, from the absence of the testicle in the scrotum, was supposed to be that organ arrested in its descent. A year since, the tumor suddenly slipped farther down in the course of the inguinal canal, enlarged, and became painful, the pain extending into the abdomen, when the tumor was handled. On removal, the testicle was found in a disorganized state, enveloped in the tunica vaginalis, which was partially adherent to it.—*Ibid.*